## PART B - FEE(S) TRANSMITTAL

Complete and send this for

th applicable fee(s), to: Mail

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T.J. DELGADO

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

10/07/2003

BLAKELY SOKOLOFF & ZAFMAN LLP 12400 WILSHIRE BOULEVARD 7TH FLOOR LOS ANGELES, CA 90025

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail-Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

•			H)	1/7/00	(Signature) (Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/900,429	07/06/2001	Andrew Daiber	7	NUF0007	4974
TITLE OF INVENTION: EX	KTERNAL CAVITY LASER	NOTE OF THE WALL CONTROL		P14820	

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	01/07/2004
EXA	MINER	ART UNIT	CLASS-SUBCLASS	]	
JACKSON, O	CORNELIUS H	2828	372-092000	_	

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  - $\hfill \Box$  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
  - ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
- 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

(Depositor's name

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

## THEFT CODDODATION

INIEL CORPORATION	SANIA	CLAKA	, CALIFORNIA	,			
Please check the appropriate assignee category or categories (	will not be printed on the patent);	. 🚨 ind	ividual <b>XX</b> corporatio	n or other private group entity	☐ government		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			•			
XXIssue Fee	KOA check in the amount of the fee(s) is enclosed.						
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